



DENTAL BOARD OF CALIFORNIA
 1432 Howe Avenue, Suite 85, Sacramento CA 95825-3241
 Telephone: (916) 263-2300 Fax: (916) 263-2140



DECLARATION OF THE DEAN FOR SPECIAL PERMIT

Business & Professions Code §1640

☐ Initial permit

☐ Renewal of permit

Name of applicant _____

To The Dental Board of California:

I, _____, DO HEREBY CERTIFY that I am the Dean of the
 School of Dentistry, _____,
 located at this address _____.

In such official capacity, I certify that the following information in support of the above-named Special Permit applicant to practice dentistry pursuant to the provisions of Business & Professions Code Article 2.5, Chapter 4, Division 2, §§ 1640, 1641, and 1642 is true and correct.

Said applicant has a current contract of employment with the above-name dental school: (check one)

___ Full Time Professor ___ Full Time Associate Professor ___ Full Time Assistant Professor

Note: Full time employment means a minimum of four days per week

Current contract dates: _____ through _____.

The dental practice of the applicant is limited to the ADA recognized specialty of _____, and is limited to the location above or any affiliated institutions which have been approved by the Board.

I have discussed the terms of his/her employment contract with the applicant, who understands and acknowledges that one of the conditions of his/her employment contract is that when his/her full-time employment is terminated at this dental school, his/her Special Permit will be automatically revoked and that he/she will no longer be eligible to practice unless he/she has a California dental license.

Applicant's academic and dental practice schedule is attached.

I DECLARE under the penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

EXECUTED at _____, CA on this _____ day of _____, 20_____.

Signature of Dean